VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program 0 4 2010

	Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N/3 6/7 2/
	Name // / / / / / / / / / / / / / / Date 2-23-1:
	A Agency Alaska State Troopers Phone # 895-4866
-	Instrument Location / / / / / / /
-	
	Alco S/N X/73 017 Target Value 083 High Pressure 760/5/
	Alco Test Value Average . 083
	2 Alco
	Signature Min July vood
	Signature
	(OVER)

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.

(5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

(6) The referenced in strument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz

Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this 23 day of ______2010.

(Notary Seal Stamp)

Carolyn M. Noland

Notary Public, State of Alaska Commission Expires with Office



